
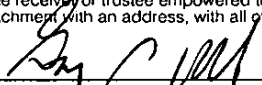


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90009 008 \*\*\*150.00

<b>DOCUMENT # P02000094165</b> 1. Entity Name <b>CLERMONT DIAGNOSTIC IMAGING CENTER, INC.</b>					
Principal Place of Business <b>306 AVENUE C, NE WINTER HAVEN, FL 33881</b>			Mailing Address <b>306 AVENUE C, NE WINTER HAVEN, FL 33881</b>		
2. Principal Place of Business <b>240 SECURITY SQUARE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 2317</b> Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b> Zip <b>33883</b>		City & State <b>WINTER HAVEN, FL</b> Zip <b>33883-2317</b>		4. FEI Number <b>45-0486149</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>MARSHALL, JOSEPH R 306 AVENUE C, NE WINTER HAVEN, FL 33881</b>			7. Name and Address of New Registered Agent Name <b>MARSHALL, JOSEPH R</b> Street Address (P.O. Box Number is Not Acceptable)  <b>240 SECURITY SQUARE</b> City <b>WINTER HAVEN FL 33883</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAPPEL, GARY J</b> <b>911 AVENUE V, S.E.</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GENSOLIN, NORMAN T</b> <b>2701 AVON BLVD.</b> <b>AVON PARK, FL 33825</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HO, RONG DAD</b> <b>2668 WYNSOR OAKS WAY</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LUEDEMAN, GERALD W</b> <b>P.O. BOX 9438</b> <b>WINTER HAVEN, FL 33883</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>01/13/06 863.297.5101</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					